| No. <b>W 48107</b>   | Due no later than Mar 31, 2015   |                                 | 2. Reg | 2. Registered Agent and Address (NO PO BOX)   |       |         |             |  |
|--|--|---------------------------------|--------|---|-------|---------|-------------|--|
| Return to:   | Annual Report Form  1. Mailing Address: Correct in this box if needed.  TETON VALLEY RANCH, LLC  JACE M KATSEANES 40 N 400 W  BLACKFOOT ID 83221 |                                 |        | CHRISTOPHER T ABEND 40 N 400 W BLACKFOOT 83221  3. New Registered Agent Signature:* |       |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |  |                                 | BLA    |   |       |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |  |                                 |        |   |       |         |             |  |
| 4. Limited Liability Companies: Enter Na   | mes and Addresses of   | at least one Member or Manager. |        |   |       |         |             |  |
| Office Held Name   |  | Street or PO Address            | City   |   | State | Country | Postal Code |  |
| MANAGER CHRISTOPHI   | ER T ABEND   | 40 N 400 W                      | BLAC   | CKFOOT  | ID    |         | 83221       |  |
| 5. Organized Under the Laws of:  6. Annual Report must be signed.*               |  |                                 |        |   |       |         |             |  |
| <b>ID</b> Signature: Tracy Ramsdell  |  | Ramsdell                        |        | Date: 01/20/2015  |       |         |             |  |
| W 48107  | Name (type or print): Tracy Ramsdell   |                                 |        | Title: Office Manager   |       |         |             |  |
| Processed 01/20/2015   | * Electronically provided signatures are accepted as original signatures.  |                                 |        |   |       |         |             |  |